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DLN: 93493008003009

OMB No 1545-0047

Form **990** 

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

A Fo	or the	2017 ca	alendar year, o		ginning 0	6-01-	-2017	, and	l endi	ng 05-	-31-201	.8	_				
		plicable	C Name of organi AMERICAN MUS	ızatıon SHROOM INSTITU	TE									D Employ	er identif	ication num	ber
	dress cl	-												23-1470	8880		
	me cha	_	Doing business	as									-1				
	tial return	urn /terminated															
	ended		Number and str	reet (or P O box	f mail is not	t delive	ered to s	street ac	ldress)	Room/	'suite		-	E Telephon	e number	-	
		n pending	1284 GAP NEW						,	,							
			City or town, st	tate or province, o	ountry, and	ZIP or	r foreigr	n postal	code				_				
			AVONDALE, PA					·					1.	<b>G</b> Gross re	ceints \$ 9	71 225	
			<b>F</b> Name and a	address of princ	inal office	r					ши	<b>)</b> 7 - 4			•	, 1,223	
			STEPHEN ANAI		ipui omeei						П(а			group ref	turn for	□Yes	
											u/h			ates? ubordinat	es		
. Tax		nt status								_	⊣ '''ն		luded			☐ Yes	∐No
. Iax	с-ехепі	npt status	☐ 501(c)(3)	501(c) (5)	◀ (ınsert n	10)	494	47(a)(1)	or L	527		If "	'No," a	attach a l	ıst (see	instructions	5)
W	ebsite	e:► WW	'W AMERICANMU	JSHROOM ORG	i						<b>∏</b> Н(с	) Gro	oup ex	kemption	number	<b>&gt;</b>	
											1						
<b>(</b> Form	n of org	ganızatıon	<b>✓</b> Corporation	☐ Trust ☐ A	ssociation	Otl	ther 🟲				L Yea	r of fo	rmatio	n 1954	<b>M</b> State	of legal domi	cıle PA
Pa	rt I	Sumi															
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GOVERNANCE	_																
5			s box ▶ □ ıf th of voting membe										5% of	its net a	ssets <b>3</b>	ı	12
đ													•		-		
ACUVIUES &			of independent v	_	_		_						•		4		12
Ĭ.	5	Total num	nber of individua	ils employed in	calendar	year 2	2017 (F	Part V,	line 2a	) .			•		5		4
ובו	6	Total num	nber of voluntee	rs (estimate if	necessary)	) .		•				•			6		25
•	7a -	Total unre	elated business	revenue from F	art VIII, c	:olumn	n (C), l	line 12							7a		164,069
	bı	Net unrela	ated business ta	exable income f	rom Form	990-T	T, line	34 .							7b		-4,684
												-	Prior	Year		Current Y	ear
۵.	8 (	Contribut	ons and grants	(Part VIII, line	1h) .									236,2	215		255,100
Ravenue	9 1	Program :	n service revenue (Part VIII, line 2g)											397,6	511		461,632
ōΛċ		_	ent income (Part VIII, column (A), lines 3, 4, and 7d )											87,7			40,852
ش			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 200,064												187,506		
			enue—add lines						•	no 12\	$\vdash$			921,6			945,090
					•									721,0	, ,		
			nd sımılar amour	•				-	•	1	<u> </u>						0
		-	oald to or for me	-			-			•	$\vdash$						0
æ	15 9	Salaries,	other compensa	tion, employee	benefits (	(Part I	IX, colu	ımn (A	), lines	5-10)	) <u> </u>			175,4	181		167,588
SU.	16a	Professio	nal fundraising f	fees (Part IX, c	olumn (A),	, line 1	11e)			•							0
Expenses	b∃	Total fundr	aising expenses (P	art IX, column (C	), line 25) 🕨	<b>▶</b> 0											
O	17 (	Other exp	enses (Part IX,	column (A), lir	es 11a-11	1d, 11	.f-24e)	)						662,3	345		644,092
	18	Total exp	enses Add lines	3 13-17 (must	equal Part	IX, co	olumn i	(A), lın	e 25)					837,8	326		811,680
	19 F	Revenue	less expenses S	Subtract line 18	from line	12 .								83,7	778		133,410
x 20											В	ginnı	ng of	Current Y		End of Ye	
Net Assets of Fund Balances																	
336	20	Total asse	ets (Part X, line	16)										2,429,5	537	2	,616,465
A DE	21	Total liabi	ılıtıes (Part X, lır	ne 26)										643,9	917		639,746
Fu	22 1	Net asset	s or fund balanc	es Subtract lir	ne 21 from	ı line 2	20 .			ı				1,785,6	520	1	,976,719
Par	t II		ature Block												<u> </u>		
			erjury, I declare	that I have ex	amined thi	ıs retu	ırn, ınd	cluding	accom	panyır	ng sched	ules a	and st	atements	s, and to	the best of	my
			f, it is true, corr	ect, and compl	ete Declar	ration	of pre	parer (	other I	han of	fficer) is	based	d on a	ill informa	ation of v	which prepa	rer has
іпу кі	nowled	age															
		*****	•									2	2019-0	1-08			
Sign		Signatu	ure of officer										Date				
lere		10E DA	MICO JR TREASUR	DED VICE													
			r print name and ti														
		] <b>/</b>	rınt/Type preparer'	's name	Prepa	arer's si	ignature	e			Date				PTIN		
Paic	1		OBERT E WILLIAM				VILLIAM				2019-01			<b>⊻</b> if   F	0084776	6	
			ırm's name 🕨 IN	NOVATIVE FINAN	ICIAL RESUL	LTS LLC	C				L			nployed   EIN ▶ 35-	2491107		
	oare	' <b>"</b>   <del>-</del> -	ırm's address ▶ 24											no (484)			
Jse	Onl	'y	<b>^</b>	ondale, PA 1931	1									. ,			
				· ·					`							. 🗆	
⁄lay tl	ne IRS	discuss	this return with	the preparer s	nown abov	ve? (sr	ee inst	ruction	s).						<b>⊻</b> \	∕es 🗆 No	

Form	990 (2017)				Page <b>2</b>
Par	t IIII Statement	of Program Service Acc	omplishments		
	Check if Sche	dule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the o	organization's mission			
TO R	EPRESENT THE GROW	ERS, PROCESSORS, SUPPLIER	S AND MARKETERS OF CULTIVATED	AND SPECIALTY MUSHROOMS I	N THE UNITED STATES
2	Did the organization	undertake any significant prog	ram services during the year which v	vere not listed on	
	the prior Form 990 o	r 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule (	0		
3	Did the organization	cease conducting, or make sig	nificant changes in how it conducts, a	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) an		plishments for each of its three large: required to report the amount of grai ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				·
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program service	ces (Describe in Schedule O )			
	(Expenses \$	including g	rants of \$	(Revenue \$	)
40	Total program serv	/ice expenses ►	·		

or X as applicable

**Checklist of Required Schedules** 

Page 3

No

Nο

No

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes." complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Was the organization included in consolidated, independent audited financial statements for the tax year?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . .

Yes

9

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Nο Nο No Yes Nο

No

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Form 990 (2017)

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25b

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28a

28b

28c

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35a

35h

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Yes

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Nο

Νo

Nο

Νo

Nο

Part IV	Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . 20a No

Fell	Checklist of Required Schedules (Continued)		
		Yes	No
20 0	1 H		

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 10			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6</b> a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	79		
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
b	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2	(017)					Page <b>6</b>
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheduler			" respo	nse to l	_
		Check if Schedule O contains a response or note to any line in this Part VI $$ . $$ .					<u> </u>
Se	ction	A. Governing Body and Management					
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	12		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O			-		
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	12			
2		ny officer, director, trustee, or key employee have a family relationship or a businer, director, trustee, or key employee?	ess rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed b cers, directors or trustees, or key employees to a management company or other			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior l	Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the orga	inizatio	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power oers of the governing body?	to elec	t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?	) mem • •	bers, stockholders, or	<b>7</b> b		No
8		e organization contemporaneously document the meetings held or written actions llowing	under	taken during the year by			
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			8b		No
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	e Code	∍.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activiti ranches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has t form?	ne organization provided a complete copy of this Form 990 to all members of its gr	overnin •	g body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	1 990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13.			12a		No
b		officers, directors, or trustees, and key employees required to disclose annually in	terests	that could give rise to	12b		
С		ne organization regularly and consistently monitor and enforce compliance with the	policy	? If "Yes," describe in	12c		
13	Did th	ne organization have a written whistleblower policy?			13		No
14	Did th	ne organization have a written document retention and destruction policy?			14		No
15	Dıd th perso	ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation ar	and ap	pproval by independent sion?			
а	The o	rganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did th	ne organization invest in, contribute assets to, or participate in a joint venture or s le entity during the year?		arrangement with a	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organiza nt venture arrangements under applicable federal tax law, and take steps to safegi s with respect to such arrangements?	uard th				
_					16b		
		C. Disclosure					
17 18	Section	ne States with which a copy of this Form 990 is required to be filed no 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99		990-T (501(c)(3)s only)			
		ble for public inspection Indicate how you made these available Check all that ap					
19	Descr	Own website $oldsymbol{arPsi}$ Another's website $oldsymbol{arPsi}$ Upon request $oldsymbol{\Box}$ Other (explain in Slibe in Schedule O whether (and if so, how) the organization made its governing do					
20	State	, and financial statements available to the public during the tax year the name, address, and telephone number of the person who possesses the organ	nization	's books and records			
	►KAR	EN PESCE 1284 GAP NEWPORT PIKE SUITE 2 AVONDALE, PA 19311 (610) 268-	7483				

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	(	ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) STEPHEN ANANIA CHAIR	5 00	x		x				0	0	0
(2) PETE GRAY	0 00 5 00	Х		X				0	0	0
CHAIR-ELECT	0 00									
(3) DONALD NEEDHAM BOARD MEMBER	5 00	Х						0	0	0
(4) DAVID KNUDSEN	0 00 5 00									
BOARD MEMBER		Х						О	0	0
(5) JOE DAMICO JR	0 00 5 00									
TREASURER VICE CHAIRMAN	0 00	Х		×				0	0	0
(6) SCOTT ENGELBRECHT	5 00			x				0	0	0
SECRETARY	0 00							ŭ	, , , , , , , , , , , , , , , , , , ,	
(7) JOHN ASHBAUGH	5 00	x						0	0	0
BOARD MEMBER	0 00							Ĭ		
(8) MARK WACH	5 00	х						0	0	0
BOARD MEMBER	0 00									
(9) CHAD LAFAZIA	5 00	х						0	0	0
BOARD MEMBER	0 00 5 00									
(10) DIRK COX		х						О	0	0
BOARD MEMBER	0 00 5 00									
(11) GEOFF PRICE BOARD MEMBER	0 00	Х						0	0	0
(12) CHRIS ALONZO	5 00									
BOARD MEMBER	0 00	X						0	0	0
										Form <b>990</b> (2017)

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n of or/t	t che inles ficer	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estima mount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
		-											
сТ	Total from continuation sheets to Pa						<b>*</b>		0	0			0
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived more than \$10	00,000			
												Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>						oyee, o	or hi	ghest compensated		3		No
4	For any individual listed on line 1a, is organization and related organization									the			
	individual		• •	•	•	•	•				4		No
5	Did any person listed on line 1a received	ve or accrue cor	npensat	ion fi	rom	any	unrela	ated	organization or indi	vidual for			

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on	
	line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	

services rendered to the organization? If "Yes," complete Schedule I for such person . No

Section B. Independent Contractors

150,000

from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Description of services Name and business address

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation (C) Compensation

MCLEOD WATKINSON MILLER, MANAGEMENT & LEGAL 1 MASSACHUSETTS AVE

WASHINGTON, DC 20001

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Form 990 (2017)

Part \		I Statement of	Revenue								rage <b>3</b>
·	-			a resno	onse or note to any	line in t	his Part VIII				
		Check in Schedul	e o contains	и горе	white of mote to any	(	(A) revenue	Rela ex fui	(B) ated or empt action	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaign	ns	1a				re	venue		512-514
ats at		<b>b</b> Membership dues			<u> </u>						
ran oui		·		1b							
G. E		c Fundraising events		1c							
ifts ar /		d Related organization		1d							
9 =		e Government grants (co		1e	155,100						
Sil	1	<ul> <li>All other contributions, and similar amounts no</li> </ul>	gıfts, grants, ot ıncluded		100.000						
Contributions, Gifts, Grants and Other Similar Amounts		above		1f	100,000						
들	,	9 Noncash contribution in lines 1a-1f \$	ns included								
Cont and		Total.Add lines 1a-1	f								
<u> </u>		i i otal. Add ililes 1a-1		• •			255,100				
差					Business						
12.	_	MEMBERSHIP DUES				111000		09,973	309,9		+
oŽ 1		SPECIAL PROJECTS				111000		48,499 38,072	48,4 38,0		+
<u>ک</u>		COMMITTEE INCOME  MFPA RETAINERCOMM				111000		22,088	22,0		+
₹		NAME SPONSORSHIP				111000		43,000	43,0		
an											
Program Service Revenue		All other program se			4	61,632				-	
م		Total.Add lines 2a-2f			<u> </u>	,					
		Investment income (ir similar amounts)  .			interest, and other	ļ	35,446	5			35,446
		Income from investme			ond proceeds	<u> </u>					
		Royalties		-	▶						
			(ı) Rea	I	(II) Personal						
	6a	Gross rents				1					
	L	Less rental expenses		40,486 26,135		-					
	L	Less Tental expenses		20,133							
	c	Rental income or (loss)		14,351		1					
		Net rental income oi	r (loss)			-	14,35	1	3,108	11,243	
		• Net rental income of	r (loss) .		(II) Other	1			3,100	11,213	
	7a	Gross amount from sales of assets other than inventory	(i) Securi	5,406		-					
	b	Less cost or other basis and sales expenses									
		Gain or (loss)		5,406		Ţ					
		Net gain or (loss)		•	<b>•</b>	ļ	5,406	5	5,406		
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on line 1c)	ents of . a							
æ		Less direct expenses		b							
ler		: Net income or (loss)			ents						
\$	9a	Gross income from g See Part IV, line 19		ies							
		•		a	}						
	b	Less direct expenses	s	b		1					
	c	: Net income or (loss)	from gaming	activit	ies						
	10	aGross sales of invent returns and allowanc	ory, less es	a							
	b	Less cost of goods s	old	b		]					
	c	Net income or (loss)		invent	ory <b>&gt;</b>						
		Miscellaneous			Business Code	_					
		amushroom news /			541800		152,826		5.000	152,826	
	t	INSURANCE ROYALT	Υ		524298		5,000	1	5,000		
	c	SUBSCRIPTION REVI	ENUE		111000		8,150		8,150		
	c	All other revenue .					7,179	9	7,179		
	e	Total. Add lines 11a	-11d		•		173,15				
	12	<b>Total revenue.</b> See	Instructions								
							945,090	וי	490,475	164,069	35,446 Form <b>990</b> (2017)

orm 990 (2017)				Page <b>1</b> 0
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all columns to the state of the sta	lumns All other orga	nızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	147,972			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,186			
9 Other employee benefits	1,659			
<b>10</b> Payroll taxes	15,771			
11 Fees for services (non-employees)				
a Management	159,913			
<b>b</b> Legal	1,737			
c Accounting	15,978			
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
L2 Advertising and promotion	1,000			
L3 Office expenses	8,159			
L4 Information technology				
L5 Royalties				
L <b>6</b> Occupancy	20,686			
L7 Travel	6,671			
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
L9 Conferences, conventions, and meetings	58,777			
20 Interest	32,220			
21 Payments to affiliates				
Depreciation, depletion, and amortization	10,470			
23 Insurance	4,584			
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING AND PUBLICATION	97,450	97,450		
b COMMITTEE EXPENSES	106,805	106,805		
c OTHER EXPENSES	35,484	35,484		
d PENNSYLVANIA FRESH GRANT	35,067	35,067		
e All other expenses	49,091			
25 Total functional expenses. Add lines 1 through 24e	811,680	0	0	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

End of year

22

27

28

29

30

31 32

33

34

1.772.806

1,976,719

2.616.465

Form **990** (2017)

203.913

1.648.668

136.952

1,785,620

2.429.537

Page **11** 

# Check if Schedule O contains a response or note to any line in this Part IX .

persons Complete Part II of Schedule L .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

27

28

29

30

31

32

33

34

Assets or

Net

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

1	Cash–non-interest-bearing		1	
2	Savings and temporary cash investments	364,527	2	435,408
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	26,947	4	17,016
5	Loans and other receivables from current and former officers, directors,			

(A)

Beginning of year

trustees, key employees, and highest compensated employees. Complete Part 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net .

Assets Inventories for sale or use . 8.191 8 8.191 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 813 969

	basis Complete Part VI of Schedule D	IUa	613,969			
b	Less accumulated depreciation	<b>10</b> b	30,862	795,874	<b>10</b> c	783,107
11	Investments—publicly traded securities .			1,232,460	11	1,370,333
12	Investments—other securities See Part IV, line			12		
13 Investments—program-related See Part IV, line 1					13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11			1,538	15	2,410
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	2,429,537	16	2,616,465
17	Accounts payable and accrued expenses			7,459	17	26,140
10	Grants navable				10	

18 Grants payable . 40.867 19 33,713 19 Deferred revenue . . 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

594.326 577.123 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties . 1,265 Other liabilities (including federal income tax, payables to related third parties, 25 2.770 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 643.917 639,746 26 Total liabilities. Add lines 17 through 25 . 26 Fund Balances Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

Software Version: **EIN:** 23-1470888

Name: AMERICAN MUSHROOM INSTITUTE

Form 990 (2017)

Form 990, Part III, Line 4a: PROMOTION OF THE MUSHROOM INDUSTRY AND THE DISSEMINATION OF TECHNICAL INFORMATION THROUGH MEETINGS, PUBLICATIONS AND EDUCATION TO A MEMBERHSIP OF APPROXIMATELY 300 MEMBERS. THIS INCLUDES CONDUCTING A CONFERENCE TO SUPPORT THE INDUSTRY EVERY TWO YEARS

SCHEDULE C

(Form 990 or 990-

EZ)

3

5

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

Inspection

OMB No 1545-0047

DLN: 93493008003009

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Internal Revenue Service www.irs.gov/form990.

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN MUSHROOM INSTITUTE 23-1470888 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

	that were promptly and directly delivered ee (PAC) If additional space is needed,			s a separate segregated
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
!				
3				
j				

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

Did the filing organization file Form 1120-POL for this year?

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

Media advertisements?

activity

1

b

1

2

1

c Total

Part IV

3

Part III-B

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

2a Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

501(c)(6).

answered "Yes."

expenditure next year?

Return Reference

Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2017

1

2

309,971

Yes

No

No

No

No

92,991

92.991

92,991

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year

Supplemental Information

Dues, assessments and similar amounts from members

Were substantially all (90% or more) dues received nondeductible by members?

Carryover from last year

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

DLN: 93493008003009

Department of the Treasury

(Form 990)

► Attach to Form 990. Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>. Open to Public Inspection

	ERICAN MUSHROOM INSTITUTE		Employer identification number
			23-1470888
Pa	ort I Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b)Funds and other accounts
ı	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
	Aggregate value of contributions to (during year)		+
•			+
,	Aggregate value of grants from (during year)		
•	Aggregate value at end of year		
-	Did the organization inform all donors and donor advisor organization's property, subject to the organization's expectation or advisor organization's expectation or advisor organization organization.	xclusive legal control?	☐ Yes ☐ No
,	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if t	he organization answered "Yes" on For	m 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)	
	$\square$ Preservation of land for public use (e g , recreatio	n or education)	n historically important land area
	Protection of natural habitat	☐ Preservation of a	certified historic structure
	☐ Preservation of open space		
,	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the fo	orm of a conservation
•	easement on the last day of the tax year	qualified conservation contribution in the re	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	ıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 8/17/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by	the organization during the
ļ	Number of states where property subject to conservation	on easement is located >	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,  Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing o	conservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conse	rvation easements during the year
3	Does each conservation easement reported on line 2(d	above satisfy the requirements of section :	170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(II)?	,	☐ Yes ☐ No
)	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financial stat	•
ar	Organizations Maintaining Collections Complete of the organization answered "Ye	of Art, Historical Treasures, or Ot	her Similar Assets.
La	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, education, or research in	
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items	16 (ASC 958), to report in its revenue state	
,	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	•		• ¢
ر ا <u>د</u>	ii)Assets included in Form 990, Part X  If the organization received or held works of art, histor		► \$ancıal gaın, provide the
_	following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	<b>.</b>
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		▶ \$

Cat No 52283D

Schedule D (Form 990) 2017

 ${f d}$  Equipment .

Sche	edule D (Form 990) 2017											Page <b>2</b>
Par	t IIII Organizations Ma	intaining Colle	ections of Art, I	Histori	cal Tre	asure	es, or	Other	Similar A	ssets (	continued	)
3	Using the organization's acquitems (check all that apply)	usition, accession,	and other records	, check	any of th	ne follo	wing th	nat are a	significant	use of its	s collectio	n
а	Public exhibition			d	Π ι	oan or	r excha	nge prog	rams			
b	Scholarly research			e		Other						
C	Preservation for future	generations										
4	Provide a description of the c Part XIII		ctions and explain	how the	y furthe	r the o	organiza	ation's ex	empt purpo	ose in		
5	During the year, did the orga assets to be sold to raise fun								ular	□ Ye	es 🗆	No
Pa	rt IV Escrow and Custo Complete if the org X, line 21.			rm 990	, Part I	V, line	e 9, or	reporte	ed an amo	unt on I	Form 990	), Part
1a	Is the organization an agent,		n or other intermed	diary for	contribu	itions o	or othe	r assets	not			
	included on Form 990, Part X	(?								□ Ye	es 🗌	No
							г					
b	If "Yes," explain the arrange	ment in Part XIII a	and complete the fo	ollowing	table			1c	<i>P</i>	Amount		
c C	Beginning balance							1d				
d	Additions during the year							1e				
e	Distributions during the year							1f				
f	Ending balance		000 D 1 V 1	24 6			L					
2a	Did the organization include	an amount on For	n 990, Part X, line	21, for	escrow o	or custo	odiai a	count lia	ibility?	∐ Y∈	es ∐_	No
b	If "Yes," explain the arranger	ment in Part XIII	Check here if the e	explanati	on has b	een pr	rovided	ın Part 🕽	KIII		🗆	
Pa	rt V Endowment Fund	<b>ls.</b> Complete ıf t	he organization	answer	ed "Yes	s" on F	Form 9	990, Par	t IV, line :	10.		
			(a)Current year	<b>(b)</b> Pi	rıor year	(c)	<b>)</b> Two ye	ars back	(d)Three ye	ars back	(e)Four y	ears back
	Beginning of year balance .											
	Contributions											
	Net investment earnings, gain	·										
	Grants or scholarships	H										
	Other expenditures for facilities and programs	es										
f	Administrative expenses .											
g	End of year balance											
2	Provide the estimated percer	-	t year end balance	e (line 19	g, colum	n (a))	held as	;				
а	Board designated or quasi-er	ndowment 🟲										
b	Permanent endowment >											
c	Temporarily restricted endow	/ment ▶										
	The percentages on lines 2a,	2b, and 2c should	l equal 100%									
3а	Are there endowment funds organization by	not in the possessi	on of the organiza	tion that	t are hel	d and a	adminis	stered fo	r the	_	Yes	S No
	(i) unrelated organizations					•					a(i)	
h	(ii) related organizations .  If "Yes" on 3a(ii), are the rela	tod organizations	listed as required	on Scho	dulo P2		•				a(ii) 3b	<del>                                     </del>
ь 4	Describe in Part XIII the inte	_					•			· L	JU	
	rt VI Land, Buildings, a											
	Complete if the org	• •		rm 990	, Part I	V, line	e 11a.	See For	m 990, Pa	art X, Iır	ne 10.	
	Description of property	(a) Cost or othe	r basis (b) Cost	t or other					lepreciation		( <b>d)</b> Book va	lue
		(ınvestmen	'									
1a	Land				347	,723						347,723
b	Buildings				443	,888			17,901			425,987
С	Leasehold improvements											

15,057

7,301

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

6,881

2,516

783,107

8,176

4,785

Part VII Investments—Other Securities. Complete if the organiz See Form 990, Part X, line 12.	zation answer	ed "Yes" on Form 990,	Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-yo	
(1) Financial derivatives			
(2) Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related.	<b>•</b>		
Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment (b)	Part IV, line	11c. See Form 990, Pa	
	Book Value	Cost or end-of-ye	
(1)			
(3)			_
(4)			_
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization answered 'Yes' on Fi	orm 990, Part I	V, line 11d See Form 990	
(1) SECURITY DEPOSIT			<b>(b)</b> Book value 1,538
(2) OTHER RECEIVABLE (3)			872
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			2,410
<b>Part X Other Liabilities.</b> Complete if the organization answered See Form 990, Part X, line 25.	'Yes' on Form	990, Part IV, line 11e	or 11f.
(a) Description of liability     (1) Federal income taxes	(b) Book	value	
PAYROLL LIABILITIES		520	
TENANT SECURITY DEPOSIT (3)		2,250	
(4)			
(5)			
ID.			
(7)			
(6) (7) (8)			
(7)		2,770	

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		<b>2</b> c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
С					4c	
5		Ic. (This must equal Form 990, Part I, line 18	) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro XI,	vide the descriptions required for Pi lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any a	IV, lines 1b and 2b, Part dditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	planation		
See A	Addıtıonal Data Table					

Page <b>5</b>		Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2017

## Additional Data

Software ID: **Software Version:** 

**EIN:** 23-1470888

Name: AMERICAN MUSHROOM INSTITUTE

Supplemental Information Return Reference

Footnote for uncertain tax

Explanation

position under FIN 48 (Part X)

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AMI ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN

TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECONGNITION OF THE TAX POS ITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCER TAINTIES OF THOSE POSITIONS. THE UNRECOGNIZED TAX LIABILITY IS ESTIMATED BASED ON A CUMULA TIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR UNCERTAIN TAX POSITIONS INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF GENERAL AND ADMIN ISTRATIVE EXPENSES WHEN ASSESSED AMI HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY UNDER SECTION 501C5 AND ITS REPORTING OF UNRELATED BUSINESS INCOME AS TAX POSITIONS, HOWE VER, AMI HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION AMI FILES UNRELATED BUSINESS INCOME TAX RETURNS IN THE UNITED STATES AMI IS NOT UNDER AUDIT IN ANY JURISDICTION FOR ANY PERIOD

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -		DLN:	93493008003009
SCHEDULE O (Form 990 or 990-EZ)  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Department of the Treasure  Department of the Treasure						2017 Open to Public Inspection
Name of the org AMERICAN MUSHR	ROOM INSTIT	UTE plemental Information	n		Employer identi 23-1470888	ification number
Return Reference				Explanation		
Members or stockholder classes and rights Part VI line 6	THE OR	GANIZATION IS MEMBER	BASED			

990 Schedule O, Supplemental Information Return Explanation Reference MEMBERS ELECT THE GOVERNING BODY Member election for additional members Part VI line

Return Explanation
Reference COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALE OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Committee COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY documentation Part VI line 8b

Explanation Return Reference A COPY OF FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING Form 990 governing

990 Schedule O, Supplemental Information

body review Part VI line

Return Reference Explanation

Governing documents

DOCUMENTS WILL BE PROVIDED UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

documents
etc available
to public Part
VI line 19